STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	
Buck McKeon	for Congress			
ADDRESS (number and s	23942 Lyons Ave #	105		
(Check if address is changed)	1		111111	
	Santa Clarita		ÇA	91321 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)			<u> </u>	
2. DATE 1.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00258244		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A	A)	
I certify that I have examin	ned this Statement and to the best of my k	nowledge and belief it is true, cor	rect and complete	
Type or Print Name of ⁻	Treasurer Patricia McKec	on		
Signature of Treasurer	Electronically Filed by Patricia	McKeon	Date 12	7 31 7 2009
NOTE: Submission of fals	se, erroneous, or incomplete information n	nay subject the person signing th	·	
Office Use Only		For further inform Federal Election Co Toll Free 800-424-9	ommission 9530	FEC FORM 1 (Revised 02/2009)